

## **Application Data Sheet**

### **Application Information**

Application number::	
Filing Date::	February 27, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CFR)?::	
Number of copies of CRF::	
Title::	Systems and Methods for Validating Patient and Medical Device Information
Attorney Docket Number::	300569
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	6a
Total Drawing Sheets::	13
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition Included?::	No
Petition Type:	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	AU
Status::	Full Capacity
Given Name::	Timothy
Middle Name::	R. H.
Family Name::	PRATT
Name Suffix::	
City of Residence::	Arden Hills
State or Province of Residence::	MN

Country of Residence:: US  
Street of mailing address:: 1390 Indian Oaks Court  
City of mailing address:: Arden Hills  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55112

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Richard  
Name::  
Family Name:: FEARS  
Name Suffix::  
City of Residence:: Moundsview  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 8322 Knollwood Drive  
City of mailing address:: Moundsview  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55112

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Syria  
Status:: Full Capacity  
Given Name:: Firass  
Middle Name::  
Family Name:: SHEHADEH  
Name Suffix::  
City of Residence:: Maple Grove  
State or Province of Residence:: MN  
Country of Residence:: US

Street of mailing address:: 9005 Garland Avenue  
City of mailing address:: Maple Grove  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55311

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Rocco
Middle Name::	E.
Family Name::	ROSSINNI
Name Suffix::	
City of Residence::	St. Paul
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	2377 Roselawn Avenue West
City of mailing address::	St. Paul
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55113

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	A.
Family Name::	ESLER
Name Suffix::	
City of Residence::	Coon Rapids
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	10916 Flora Street NW
City of mailing address::	Coon Rapids
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55433

### **Correspondence Information**

Correspondence Customer Number::	25764
Name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	

Phone number::  
Fax Number::  
E-Mail address::

### Representative Information

Representative Customer Number::	25764	
----------------------------------	-------	--

Representative Designation::	Registration Number::	Representative Name::
Primary	40,647	Chad S. Hilyard

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee name::	Cardiac Pacemakers, Inc.
Street of mailing address::	4100 Hamline Avenue North
City of mailing address::	St. Paul
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55112